

IN THE MAGISTRATE COURT OF WALTON COUNTY, STATE OF GEORGIA

CIVIL ACTION
STATEMENT OF CLAIM

303 South Hammond Drive Suite 116
Monroe, Georgia 30655
770-267-1349 (Office #)
770-266-1512 (Fax#)

Case Number _____

Plaintiff Name

VS

Defendant Name

Address

Mailing Address

City, State, Zip Code

City, State, Zip Code

(Area Code) Phone number

(Area Code) Phone number

ANSWER OF DEFENDANT

***Court use only**

Date/Time stamp filed*

The following statement(s) is/are my response to the above styled action as filed by the Plaintiff:

Submitted this _____ day of _____, 20_____.

Defendant

Sworn to and subscribed before me this

_____ day of _____, 20_____.

Notary Public/Attesting Official

My commission expires: _____

VERIFICATION

Personally appeared before me, the undersigned officer, the above named Defendant or Agent or Attorney, who on oath swears/affirms that the foregoing Answer is true and correct to the best of his/her knowledge and belief.

Sworn to and subscribed before me this

_____ day of _____, 20_____.

Notary Public/Attesting Official

My commission expires: _____

Answer can mailed or faxed to location listed above in the right hand corner of this document. The answer MUST be received in the Magistrate Court prior to the deadline to submit said answer.

Defendant